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November 5, 2010

To: Each Supervisor

From: Jonathan Fielding, MD, MPH *J. Fielding MD*
Director and Health Officer

SUBJECT: **EXTENDED FEDERAL H1N1 GRANT FUNDS**

This is provide you with a plan to use remaining federal H1N1 grant funds that have been awarded to the Department of Public Health (DPH).

Background

In 2009, the World Health Organization declared the first influenza pandemic in over 40 years in recognition of widespread and sustained human-to-human transmission of a novel virus in multiple regions around the globe that later became known as the H1N1 flu. Congress responded by appropriating funds to the Public Health Emergency Response (PHER) program administered by the Centers for Disease Control and Prevention (CDC) for influenza response by the states, the District of Columbia, the territories, and the three directly funded local areas, Chicago, New York City, and Los Angeles County. CDC allocated funding in three phases for activities including but not limited to surveillance, laboratory, epidemiology, and mass vaccination through period of July 31, 2009 through July 30, 2010. The CDC funding was robust because it assumed a worst case pandemic, or in other words a high degree and spread of H1N1. DPH received a total of \$39.9 million in PHER funding which funded the County's H1N1 response.

In March 2010, the CDC queried grantees on estimated unspent funds and how many sought to extend funding beyond July 30, 2010. DPH indicated to the CDC that it had an estimated \$13 million in unspent funds, and sought to extend at least \$10 million, of which \$6.5 million was estimated to offset County-funded influenza activities in Fiscal Year 2010-11. Despite repeated contacts with the CDC and other advocacy efforts,

DPH, like all grantees, did not receive notice of extended funding until very late. On July 29, 2010, CDC notified all PHER recipients of a one-month extension for all PHER funds through August 30, 2010 to close-out the program. This extension precluded grantees from initiating any project that had not previously been approved.

On August 26, 2010, in a reversal of its prior action, the CDC notified PHER grantees of an additional 11-month extension for all PHER funds through July 30, 2011 to continue reasonable and allocable PHER activities, and to initiate new activities to improve pandemic preparedness by implementing improvements based on evaluation of H1N1 response activities. CDC further indicated that all proposed funding be tied to specific influenza-related prevention and control activities that meet the CDC guidelines. The effect of the CDC decision has allowed DPH to extend all unspent H1N1 funds, and initiate new activities.

Concurrently, DPH has been able to update the amount of unspent H1N1 funds. Based on actual expenses incurred, inclusive salary, services and supply costs, the total available H1N1 funds is \$22.3 million. The increase from the prior unspent funds estimate is principally attributable to the termination of mass vaccination activities due to an increase in overall vaccine supply availability and a decline in H1N1 viral activity. The updated estimate includes a downward estimate to the \$6.5 million in the FY 10-11 budget to \$5.5 million, reflecting a final plan for directly provided flu vaccinations.

Extension Plan

DPH has submitted to the CDC the attached allocation plan to spend the \$22.3 million available during the extension period. Of this amount, DPH has received CDC approval for \$5.2 million and related activities are moving forward. Approval of the balance of the projects described in the attached spending plan and budget is expected soon. DPH plans to implement these activities through departmental purchasing, and contracting using delegated authority, subject to review by the Chief Executive Office and County Counsel. As required, Board notifications will be provided for the delegated authority contracts. Because of the short timeframe in which DPH has to spend this funding, DPH will enter into sole source agreements in excess of \$250,000. The proposed agencies are listed below and are identified as key partners under the categories in the attached spending plan:

- La Grant Communications
- Clear Channel Communications
- Edelman Communications
- KCBS
- Maxim
- Child Care Resources and Referral Center
- Mexican-American Opportunity Fund

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In addition, DPH plans to enter into sole source agreements over \$250,000 with two additional agencies to conduct school based vaccinations. When these agencies are identified, we will notify your Board.

This memo serves as notification of the sole source contracts over \$250,000 listed above. To allow time for your review and comments, we will not proceed with the sole source negotiations until 10 business days from the date of this memoranda.

If you have any questions or would like additional information, please contact me.

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Public Health Emergency Response (PHER) Extension FY 2010-11

EXECUTIVE SUMMARY

The H1N1 pandemic response represents one of the largest dedicated efforts in the history of the Los Angeles County Department of Public Health (LACDPH). Overall, 2.7 million individuals reported receiving the vaccine during the pandemic. LACDPH oversaw the distribution of nearly 4 million doses of vaccine to almost 4,000 providers (including physician groups, clinics, hospitals, long term care facilities, pharmacies, schools, and college/universities). DPH directly provided vaccine to over 230,000 individuals. In addition, DPH received antiviral and personal protective equipment (PPE) from the federal Strategic National Stockpile and filled more than 15,000 orders of antivirals and 5 million orders of PPE to hospitals, community clinics, first responders and emergency medical services providers.

The CDC estimated that the H1N1 pandemic may have caused between 41-84 million cases, 183,000-378,000 hospitalizations, and 8,330-17,160 deaths in the U.S. alone. In Los Angeles County, there were a reported 387 admissions to intensive care units and 149 deaths due to pandemic H1N1. While these cases and deaths are tragic, no one has any doubt that it could have been much worse.

On August 10, 2010, the World Health Organization (WHO) declared that the world is now in the post-H1N1 influenza pandemic period. Based on previous pandemics, H1N1 is expected to circulate as the predominant seasonal virus for some time. While the level of concern is now greatly diminished, WHO stressed that vigilance is especially critical in the immediate post-pandemic period when the behavior of novel flu virus cannot be reliably predicted. It is therefore important that surveillance activities continue.

In addition, H1N1 continues to circulate the globe, with outbreaks currently in the temperate southern hemisphere, particularly Africa, Southeast Asia, South America, India, Australia, and New Zealand. WHO predicts that cases and local outbreaks will continue to occur throughout the world, shifting to the Northern Hemisphere this fall. WHO and the CDC recommends universal vaccination, including vaccinating anyone over six months of age and especially among those at highest risk. In addition, these agencies strongly encourage the continuation of prevention activities to reduce the morbidity and mortality caused by H1N1. It is therefore important that vaccination and other prevention activities continue.

In alignment with the WHO post pandemic period recommendations, LACDPH is seeking to continue activities and to initiate new activities to improve pandemic preparedness by implementing improvement activities based on the departmental H1N1 Improvement Plan report in the following areas: 1) Mass Vaccination via Partner Distribution, 2) Mass Vaccination via LACDPH Clinics and Points of Dispensing, 3) Clinical and Community Communication, 4) Laboratory, Epidemiology, and Surveillance, 5) School Communications and Mitigation, and 6) Workforce Readiness and Resiliency. In addition, LACDPH is requesting authority to initiate additional activities related to improving pandemic preparedness based on LACDPH's H1N1 Improvement Plan.

1) MASS VACCINATION VIA PARTNER DISTRIBUTION

\$3,000,000

In the H1N1 Post Pandemic Period, the primary goal of partner distribution is to continue to maximize distribution of H1N1 containing influenza vaccine through partnerships with medical providers, community clinics, occupational health agencies, and schools and universities. LACDPH will work with these partners to maximize vaccine distribution to efficiently and effectively reach the underserved and under-immunized populations in Los Angeles County. LACDPH will assist with storing, packing, and distributing vaccine directly to hospitals, public health clinics, Points of Dispensing (PODs), community partners, and other outreach clinic sites, and assist providers with adherence to vaccine storage and handling guidelines and procedures to preserve the viability of the vaccine they receive. LACDPH will assist with the screening and data entry of vaccine orders from all providers and partners in Los Angeles County, and follow-up with providers/partners if accountability has not been received.

LACDPH will assist with and provide technical oversight of the data validation of the FormTran Vaccine Accountability form that will be used at all PODs and with other providers and when required, scan the forms, provide data validation, and verification of FormTran forms scanned at outreach events and PODs. In conjunction with the PODs and outreach activities, LACDPH will maintain emergency preparedness web-based training applications and conduct assessments of immunization providers to ensure competence in their immunization practices.

LACDPH will assist in vaccine surveillance management tasks, including data entry, cleaning, and analysis; conduct field visits to individuals to investigate selected reports of Vaccine Adverse Events Reports (VAERS), make a nursing assessment and appropriate medical referrals, and provide counseling as needed; enter data from hard copies of VAERS forms received by fax or mail; answer calls from the public and medical providers regarding VAERS procedures; develop materials/resources/procedures related to Los Angeles County VAERS activities; and analyze regional VAERS data retrieved from the national system in order to identify any patterns or areas of concern.

Key partners include the cities of Los Angeles, Pasadena, and Long Beach, EMS Agency, the Child Care Resources and Referral Center*, and the Mexican American Opportunity Fund*.

2) MASS VACCINATION VIA LACDPH CLINICS AND POINTS OF DISPENSING

\$6,000,000

In Los Angeles County, an estimated 85% of the population has health insurance and access to seasonal flu vaccine through their healthcare providers. For those that are uninsured, lack a medical home, or may have challenges paying for or otherwise accessing flu vaccine, LACDPH will utilize regularly scheduled health center clinics, PODs, and Community Outreach Clinics to provide state-purchased H1N1-containing vaccine to the medically underserved in LA County. The campaign will also provide an opportunity to refine our procedures based on corrective actions and "lessons learned" from evaluating the 2009 H1N1 Points of Dispensing (PODs). The 2010 PODs will offer LACDPH much needed venues to develop new, improved approaches for community vaccine administration for application to future pandemic or other emergency events.

The 2010 LACDPH flu vaccination campaign currently has scheduled 11 PODs and approximately 130 Community Outreach Clinics throughout the County. The PODs and Community Outreach Clinics will be staffed and operated in conjunction with local cities and community partners.

Key partners include many cities and community-based organizations throughout the county.

* Sole source contracts over \$250,000

3) COMMUNICATION AND OUTREACH

\$3,000,000

LACDPH is making investments to improve pandemic preparedness by: ensuring H1N1 materials, mass media and social media campaigns are clear, consistent, and highly visible to the public; enhancing the LACDPH website to better direct clinical and community partners to flu specific messages; disseminating flu messages to networks and contacts (including community-based and faith-based organizations, business associations, and local elected officials); coordinating trainings to keep clinicians updated about changes in treatment, prophylaxis, and reporting; and surveying community stakeholders to improve communication channels.

In addition, LACDPH will improve capability to develop and distribute information to clinical and lay audiences. To accomplish this, LACDPH will use and expand existing communication channels and templates to disseminate new CDC flu guidance on topics such as universal vaccination, personal protective precautions, and infection control; improve capacity to develop, translate, interpret, and disseminate multilingual/multimedia messages, and strengthen relationships with key partners; improve engagement of community and stakeholders about flu prevention and response.

Key partners include La Grant communications*, Clear Channel*, and KCBS*.

4) LABORATORY, EPIDEMIOLOGY AND SURVEILLANCE

\$1,201,482

Because of the unpredictable nature of influenza viruses, the WHO recommends continued surveillance. LACDPH will implement improvements to better monitor unusual events, such as clusters of severe respiratory illness or death; investigate severe or unusual cases, clusters, or outbreaks to facilitate rapid identification of important changes in the epidemiology or severity of influenza; maintain routine surveillance, including for influenza like illness (ILI) and cases of severe acute respiratory infections; notify the State and the CDC of notable changes in influenza.

In addition, the LACDPH Public Health Laboratory (PHL) will improve H1N1 and other respiratory illness testing capacities by decreasing the processing time for specimen samples; increase H1N1 and other respiratory illness testing capabilities by increasing the number of available and trained laboratory staff; improve and streamline specimen receipt, processing and tracking procedures; and improve communications and collaborations with internal and external stakeholders.

5) SCHOOL-LINKED ACTIVITIES

\$1,760,000

Children have the highest at risk for contracting the disease, and the highest risk for disease transmission through their households and communities. It is likely that H1N1 will continue to be a serious disease risk in younger age groups. School age children represent a critical vaccine priority population.

LACDPH will work with the Los Angeles County Office of Education and Los Angeles Unified School District to develop a school-based vaccination plans. Specifically, LACDPH will:

A) Clarify LACDPH school-related flu policies and develop procedures and tools to better track and report ILI at the school level.

* Sole source contracts over \$250,000

B) Update, modify and expand the pandemic preparedness school toolkit and online training by expanding use to private schools and informing users of new features;

C) Continue outreach to key school personnel about myths and misunderstandings about seasonal flu, pandemic flu, and H1N1; ILI reporting; the role of LACDPH; and review and update contact lists and notification and mitigation strategies; and

D) Provide technical assistance and support to school districts that have the capacity to hold school-based vaccination clinics.

Key partners include LAUSD, LACOE, and Maxim* (a contract vaccination company).

6) WORKFORCE READINESS AND RESILIENCY

\$3,000,000

In order to continue to enhance workforce readiness and resiliency among LACDPH staff, LACDPH will conduct activities focused in the following areas: POD Just-in-Time Training (JITT); emergency management leadership; clinical staff competencies; information technology to efficiently manage staffing resources; and improve staff training in isolation and quarantine laws and procedures.

7) IMPROVING PANDEMIC PREPAREDNESS

\$4,317,021

The 2009 H1N1 influenza pandemic provided an opportunity for the Department to exercise, evaluate, and improve the emergency preparedness and response capabilities. Using the PHER extension funding, LACDPH will initiate a number of activities designed to improve pandemic preparedness by: 1) conducting planning activities to identify and address gaps in existing plans, and 2) implementing improvement plans and corrective actions identified in the LACDPH H1N1 Improvement Plan.

A. Improving Plans: Review and update the LACDPH Pandemic Influenza Operational Plan, and related areas covering Emergency Response, Influenza Surveillance, Laboratory Diagnostics, Health Care Planning, Vaccine Delivery, Antiviral Response and Distribution, Community Containment, and Risk Communications.

B. Implementing Improvements: LACDPH will also implement improvement plans and corrective actions identified in the Department's H1N1 Improvement Plan report. Those specific areas of improvement include: 1) Improving Management of Public Health Emergencies through refinements of the ICS, 2) Strategic and Operational Planning, 3) Quality Improvement, 4) Information Management by upgrading and increasing critical information systems capacity and electronic communication equipment, and 5) Building Response Culture. LACDPH will also apply Homeland Security Exercise and Evaluation Program guidelines for the organization, management, and implementation of the flu PODs, and will test improved information systems through participation in the Countermeasure and Response Administration voluntary doses administered exercise (DAX Lite). LACDPH will also test improvements in staff notification systems, staff assembly, incident action plan development, and improvement plan development. In addition, LACDPH will conduct a public awareness campaign on community mitigation strategies for flu preparedness and response. This will be a multi-cultural and multi-lingual education campaign translated into 11 languages and will include public service announcements, and educational outreach to the community.

* Sole source contracts over \$250,000

**PHER Extension Spending Plan
Line Item Expenditures**

COUNTY SALARIES	907,571
COUNTY FRINGE BENEFITS @ 47.96%	435,271
TRAVEL	52,294
EQUIPMENT	645,500
SUPPLIES	1,221,840
CONTRACTUAL	17,200,440
CONSTRUCTION	0
OTHER	1,567,820
TOTAL DIRECT CHARGES	22,030,736
INDIRECT CHARGES @ 27.30%	247,767
TOTALS	22,278,503

TRAVEL

Mileage	43,924
Out-of-State Travel	8,370
TOTAL TRAVEL	52,294

EQUIPMENT

Video Conference System	432,650
Microcentrifuge	10,000
EpMotion 5075TMX Automated Pipetting System	150,450
Pharmaceutical Refrigerators	12,200
CWIRS for City of Los Angeles Public Health Liaison Center	25,000
Large Capacity Printer	15,200
TOTAL EQUIPMENT	645,500

SUPPLIES

Hand Sanitizer & Stations	10,000
Image Libraries	17,501
NexTemp Thermometer	457,500
POD Supplies	262,292
Department Operations Center Supplies	2,665
Computer Software	75,680
Office Supplies	26,744
Computer Supplies	6,800
Program Supplies	33,936
Translation Supplies	26,610
Lab Supplies	135,500
Communication Supplies	129,000
Los Angeles City Supplies	13,921
Powered Air Purifying Respirators	23,691
TOTAL SUPPLIES	1,221,840

NEW COUNTY CONTRACTS

*4 TBD - Public Engagement and Awareness Campaign	2,000,000
UCLA - Improving Community Engagement in vaccination	125,000
*Maxim - School Based Vaccination	500,000
* 2 TBD - School Based Vaccination	1,000,000
LACOE - School Based Vaccination	100,000
LAUSD - School Based Vaccination	100,000
Harvard Medical School - Social Network Sensors for Early Detection of Contagious Disease Outbreak	200,000
*Child Care Resources & Referral Center - Vaccination clinics and Influenza Vaccine Health Literacy in Community Childcare	500,000
*Mexican-American Opportunity Fund - Vaccination clinics and Influenza Vaccine Health Literacy in Community Childcare	500,000
TOTAL CONTRACTUAL	5,025,000

*Sole Source contracts over \$250,000

NON CONTRACTUAL (PO's, DSO's, Contract Amendments in process)

LHD PARTNERS

City of Long Beach	1,109,904
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City of Pasadena	351,534
INFORMATION TECHNOLOGY	
ITSSMA	516,902
IT Development, Training, & Needs Assessment Support	252,495
IT Training Support	93,408
Countywide Video Conferencing Infrastructure (ISD)	1,007,750
VARIOUS	
Continuity of Operations Planner	30,000
PH Emergency Training Workshops	55,000
Audience Response System	15,000
ICS Training, Leadership Training & Advance Worker Safety Training	430,100
Learning Management System	100,000
Risk Communications Evaluation	72,000
Call Capacity Assessment & Improvements	240,000
PALS for Health	100,000
Speakers' Bureau	100,000
Improving Hospital & Clinic Pandemic Preparedness (EMS)	2,000,000
School Mass Vaccination & Prophylaxis Planning	57,900
Pan Flu Operational & Communication Plan Revision	100,000
Mass Vaccination Data Collection Upgrade	210,000
City of Los Angeles PH Liaison Center	76,000
Everbridge System (DHS)	404,000
California Immunization Registry	499,742
Labor Costs for approx. 500 DPH Staff (ACD, Lab, Nursing, ODT, PHIS, CHS, Pharmacy)	4,353,705
TOTAL	12,175,440
OTHER	
Printing of Program Materials	335,320
Translation of Printing Materials	58,314
Firewall Devices for Video Conferencing Transmissions	31,372
Department Operations Center Expansion	51,300
Planning Section Upgrade	25,600
Emergency Control Centers	197,100
Stakeholder Engagement Events	92,535
Reddinet Biosurveillance Project	1,500
Courier Service	38,452
Sequencer Upgrade	43,000
Computer Interface	41,000
Sunquest Server Upgrade	100,000
Sunquest Instrument Manager	10,000
Laboratory Equipment Maintenance	30,000
Mediasite Support Services	13,350
Safety Lights for Mobile Incident Command Post	15,000
Temperature Monitoring Spare Data Loggers	8,000
ADASHI Command Post Software	116,457
Stakeholder Database	10,000
Community Based Events	25,000
Planning Sessions and Training	301,930
Press Conferences	10,041
SNS-IMS Software Support and Maintenance	12,549
TOTAL OTHER	1,567,820